

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
081802472  
APPLICANT(S)  
FILING DATE  
2/18/97

CLAIMS

	AS FILED		AFTER 13 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
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48			/			
49			/			
50			/			
TOTAL IND.			5		5	
TOTAL DEP.			91		91	
TOTAL CLAIMS			96		96	

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51	/					
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100						
TOTAL IND.			9		9	
TOTAL DEP.			17		17	
TOTAL CLAIMS			26		26	